

TRAVEL EXPENSE CLAIM

STD. 282 (REV. 9/2007)

**See Instructions and *Privacy
Statement On Reverse Side**

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CLAIMANT'S NAME Joan M. Borucki			SSN or EMPLOYEE NUMBER*			DEPARTMENT California State Lottery		
POSITION Director			CB/D No. E99			DIVISION or BUREAU Executive		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 600 North 10th Street			INDEX NUMBER 1100		
CITY			STATE			ZIP CODE		
			Sacramento			CA 95811		

(1) NORMAL WORK HOURS 0800-1700	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 08/09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
08/27	0200	Sacramento - San Francisco	175.56			18.00						0.00		193.56
08/28	1300	San Francisco - Sacramento		6.00								0.00		6.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			175.56	6.00	0.00	18.00	0.00	0.00		0.00	0.00	0.00	0.00	199.56

COLUMN CODE (ACCTG. USE ONLY)														
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CLAIM TOTAL**\$199.56**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)



MLB Education Event - San Francisco Giants Game

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
